



Department External Invoice

Please refer to the Invoice Number on all remittances and correspondence. Make checks payable to: New Mexico State University. Please contact the department listed for services or items provided. NMSU Fed Tax ID #: 85-60000401.

Bill To:

Name:
Address:
Phone:

Invoice Date: _____

Invoice #: _____

Contact for information on services or items provided:

Service Provider:
Name:
Phone:
E-mail:

Remit Payment To:

Department:
MSC:
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001
Phone:

Quantity	Description	Unit Price	Amount
Continuation Sheet Total:			
Pay this Amount:			

Index (FOAPAL)	Fund	Account	Amount
Continuation Sheet Total:			
Total:			

Preparer Printed Name: _____ Signature: _____ Date: _____

Approver Printed Name: _____ Signature: _____ Date: _____

UAR INTERNAL DEPARTMENT USE ONLY

Customer Account Number: _____

